

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

**MOBILE FOOD VENDING
LICENSE CHECKLIST**

DEPARTMENT OF
PUBLIC SAFETY

PLEASE CHECK OFF BOXES AS REQUIREMENTS ARE COMPLETED

- ☐ **Filed with the City of Columbus Income Tax (Letter of Good Standing)**
* This paperwork needs to be filed with the Income Tax Division prior to beginning the application process. If you have filed with the Income Tax Division, they will issue a Letter of Good Standing
- ☐ **Completed Mobile Food Vending License Application**
- ☐ **Completed Background Check (owner only)**
- ☐ **Health Inspection**
- ☐ **Fire Inspection**
- ☐ **MFV Unit Inspection (License Section)**
- ☐ **Ohio Department of Taxation Vendors License**
- ☐ **Certificate of Insurance (\$1M for trucks and trailers; \$300,000 for pedi-food carts and pushcarts; vehicle or trailer must be listed as insured and the City of Columbus must be certificate holder)**
- ☐ **Vehicle or Trailer registration from BMV**
- ☐ **Criminal Background Affidavit**
- ☐ **Application Fee: \$50.00**
- ☐ **License Fee: \$180.00**
- ☐ **City Right-of-way Fee: \$250.00 (if applicable)**

Signature: _____

**Applications shall be submitted to:
License Section
750 Piedmont Road, South Entrance
Columbus, OH 43224
614-645-8366**

OFFICE USE ONLY

LICENSE # _____

ISSUE DATE _____

EXPIRES _____

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION****MOBILE FOOD VENDOR
APPLICATION**

THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR

DEPARTMENT OF
PUBLIC SAFETY

CIRCLE ALL THAT APPLY**NEW RENEWAL TRUCK TRAILER PUSHCART PEDI-CART****OWNER INFORMATION**

Owners Name:

Date of Birth:

Federal ID #:

Home Address:

City:

State:

Zip Code:

Business Address:

City:

State:

Zip Code:

Phone Number:

Business Phone:

Cell Phone:

Email:

Ohio Driver's License Number:

Expiration Date:

Sex: M F

Race:

Height:

Weight:

Hair:

Eyes:

Are you a U.S. citizen? YES NO

Place of Birth:

Are you a legal resident? YES NO

Registration #:

If born outside of the U.S., proof of citizenship or permanent registration card must be submitted.

Have you had a City of Columbus license and/or permit revoked, suspended or refused within the last three (3) years? YES NO

If **yes**, please explain:

Have you ever been convicted of a felony? YES NO

List all felony convictions in the United States over the past seven (7) years. If none, write "NONE".

Are you on felony probation or parole? YES NO

If **yes**, date began:

Have you ever been required to register as a sexual offender? YES NO

If **yes**, date began:

VEHICLE INFORMATION

Power Source: (Circle All That Apply) Propane Generator Electric Other:

Where Will Food Items Be Sold?

Congestion Zone: YES NO

Private Property: YES NO

Commercial Zone: YES NO

Mobile Food Vending
Court: YES NO

Non-Commercial Zone: YES NO

Other: YES NO

FOR OFFICE USE ONLY**Proof Of City of Columbus Income Tax**

YES NO

Proof Of OH Department of Taxation

YES NO

Proof Of Insurance

YES NO

Health Approval

YES NO

DATE:

Fire Approval

YES NO

DATE:

License Section Approval

YES NO

DATE:

Decal Issued

YES NO

NUMBER:

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says

(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

(Applicant Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____

Notary or Agent of Director of Public Safety**MUST BE SIGNED, DATED and NOTARIZED*****\$50.00 NON-REFUNDABLE APPLICATION FEE***

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